

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214519212								
1.) CORPORATION NAME: Atlantic Construction Fabrics, Inc.		DUE DATE: 5/31/2014								
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JULIOUS P. SMITH, JR. WILLIAMS MULLEN 200 SOUTH 10TH STREET, SUITE 1600 RICHMOND, VA		SCC ID NO: 02558831								
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMAV</td> <td>10,000,000</td> </tr> <tr> <td>COMBV</td> <td>1,000,000</td> </tr> <tr> <td>COMBNV</td> <td>9,000,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMAV	10,000,000	COMBV	1,000,000	COMBNV	9,000,000
CLASS	AUTHORIZED									
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COMBV	1,000,000									
COMBNV	9,000,000									
4.) STATE OR COUNTRY OF INCORPORATION: VA										
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 2831 CARDWELL RD CITY/ST/ZIP: RICHMOND, VA 23234 </div>										
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.										
NAME: DAVID M BROOKS TITLE: PRESIDENT ADDRESS: 3121 BRIARMOOR DRIVE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR								
NAME: JOHN E HENRY JR TITLE: VP NTH REG SLS ADDRESS: 102 BENT LANE CITY/ST/ZIP/CO: NEWARK, DE 19711	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR								
NAME: MICHAEL SHIPLEY TITLE: ASST SECRETARY ADDRESS: 12227 DEVETTE PLACE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23838	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR								
NAME: JULIOUS P SMITH JR TITLE: SEC/DIR ADDRESS: WILLIAMS MULLEN CENTER 200 SOUTH 10TH STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR								
NAME: TERRI J FULLER TITLE: TREASURER ADDRESS: 1401 WATER LILY COURT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR								
NAME: RINALDO J DILORETO JR TITLE: CEO ADDRESS: 5908 BRASSIE CT CITY/ST/ZIP/CO: ELKTON, FL 32033	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR								

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL JONES DIRECTOR 11916 BEACH RD CHESTERFIELD, VA 23838	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TERRI J FULLER	TERRI J FULLER, TREASURER	4/14/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			